

DEDHAM PARKS & RECREATION
ALL DAY SUMMER PROGRAM 2011
RIVERDALE SCHOOL
AGES 5-12

CHILD'S NAME_____ AGE_____ BIRTH DATE_____

ADDRESS_____ TOWN_____ ZIP_____

GRADE CHILD WILL BE ENTERING THIS SEPTEMBER_____ SCHOOL_____

GENDER MALE ____ FEMALE ____

PARENT/GUARDIAN NAME_____

TEL# HOME_____ WORK_____ CELL_____

EMERGENCY CONTACT _____ TEL # _____

_____ TEL # _____

PROGRAM.....REGULAR 8:30-4:00PM 5 DAYS PER WEEK \$175.00 PER WEEK
REGISTER BEFORE 5/1 8:30-4:00PM 5 DAYS PER WEEK \$150.00 PER WEEK

PLEASE CIRCLE DESIRED WEEKS (NO CLASSES JULY 5th)

<u>week</u>	<u>Registration</u>	<u>After May 1</u>	<u>Total</u>
6/27-7/1	\$150.00	175.00	
7/5-7/8	\$120.00	140.00	
7/11-7/15	\$150.00	175.00	
7/18-7/22	\$150.00	175.00	
7/25 - 7/29	\$150.00	175.00	
8/1-8/5	\$150.00	175.00	
8/8-8/12	\$150.00	175.00	
8/15 - 8/19	\$150.00	175.00	

Total_____

DOES THE CHILD HAVE ANY MEDICAL PROBLEMS/ALLERGIES ETC..PLEASE EXPLAIN

THE UNDERSIGNED PARTICIPANT OR PARENT/GUARDIAN OF THE PARTICIPANT DOES HEREBY AGREE AS A CONDITION TO PARTICIPATE IN THE ACTIVITY FOR WHICH THIS REGISTRATION FORM IS SUBMITTED. THAT I WILL INDEMNIFY AND HOLD THE TOWN OF DEDHAM, ITS OFFICIALS, EMPLOYEES, INSTRUCTORS AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL LIABILITY FOR ANY INJURY OR DAMAGES WHICH MAY BE SUFFERED BY MY CHILD/WARD, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THIS PROGRAM.

I FURTHER CERTIFY THAT IF THE PARTICIPANT HAS ANY PHYSICAL AILMENTS OR CONDITIONS WHICH MIGHT EFFECT HIS OR HER HEALTH THROUGH PARTICIPATION IN THIS PROGRAM, I HAVE CONSULTED WITH MY PERSONAL PHYSICIAN OR OTHER MEDICAL AUTHORITY AND HAVE RECEIVED PERMISSION TO PARTICIPATE. I UNDERSTAND THE DANGERS INHERENT IN PARTICIPATION IN THIS ACTIVITY AND FURTHER STATE THAT MY CHILD/WARD IS PHYSICALLY SOUND ENOUGH TO PARTICIPATE.

I FURTHER AGREE THAT IF I CAN NOT BE CONTACTED TO MAKE EMERGENCY MEDICAL TREATMENT, I AUTHORIZE THE PERSON IN CHARGE TO SEEK AND OBTAIN EMERGENCY MEDICAL TREATMENT FOR MY CHILD/WARD. I ALSO AUTHORIZE TRANSPORTATION TO THE NEAREST MEDICAL FACILITY IN THE EVENT IT SHOULD BECOME NECESSARY.

THE TOWN AND LOCAL NEWSPAPERS MAY USE PHOTOGRAPHS OF VARIOUS PROGRAMS TO PROMOTE THOSE PROGRAMS AND I AUTHORIZE THE USE OF ANY PHOTOGRAPH OF MY CHILD/WARD.

PAYMENT IN FULL IS ENCLOSED OR THE REGISTRATION SHALL BE RETURNED.

SIGNATURE OF PARENT/GUARDIAN_____ DATE_____

RECREATION ALL DAY SUMMER PLAYGROUND PROGRAM

CHILD RELEASE AUTHORIZATION FORM

CHILD'S NAME_____

NAME OF PARENT/GUARDIAN_____

CHILDREN WILL BE RELEASED ONLY TO PERSONS LISTED BELOW..UNLESS NOTIFIED IN WRITING BY THE PARENT/GUARDIAN.. A PHOTO ID MUST BE PRESENTED AT THE TIME OF PICKUP.....

AUTHORIZED RELEASE PERSON

1. NAME_____RELATIONSHIP_____PHONE_____
2. NAME_____RELATIONSHIP_____PHONE_____
3. NAME_____RELATIONSHIP_____PHONE_____

DOES THE CHILD HAVE PERMISSION TO BE RELEASED ON THEIR OWN? YES_____ NO_____

SIGNATURE OF PARENT/GUARDIAN_____ - DATE_____

Register online with credit card at
www.dedham-ma.gov/online